

103103  
15866 U.S. PTO

Practitioner's Docket No. AHS-19

PATENT

Preliminary Classification:

Proposed Class:

Subclass:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

22581 U.S. PTO  
10/698781



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Mark E. Baratz; Mark Carl Miller; Patrick D. Devanny; Jufang He

For (title): METHOD AND APPARATUS FOR ASSESSING HAND STRENGTH

**1. Type of Application**

This application is for an original (nonprovisional).

**2. Papers Enclosed**

A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

6 Page(s) of Specification

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**EXPRESS MAILING UNDER 37 C.F.R. § 1.10\***

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*(Express Mail certification is optional.)*

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Tracey L. Milka

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Date: 10/30/03

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3 Page(s) of Claims  
3 Sheet(s) of Drawing(s)--Informal

**B. Other Papers Enclosed**

1 Page(s) of abstract

**3. Declaration or Oath**

Not Enclosed.

Application is made by a person authorized under 37 C.F.R. § 1.41(c) on behalf of all of the above-named inventors.

**4. Inventorship Statement**

The inventorship for all the claims in this application is the same.

**5. Language**

English

**6. Assignment**

An assignment of the invention to Allegheny-Singer Research Institute will follow.

**7. Fee Calculation (37 C.F.R. § 1.16)**

Regular Application

CLAIMS AS FILED									
	Number Filed			Number Extra			Rate		Basic Fee
									37 C.F.R. § 1.16(a)
									770.00
Total Claims (37 C.F.R. § 1.16(c))	13	-	20	=	0	x \$	18.00	= \$	0.00
Independent Claims (37 C.F.R. § 1.16(b))	2	-	3	=	0	x \$	86.00	= \$	0.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))					+ \$		290.00	= \$	0.00
Filing Fee Calculation								\$770.00	

**8. Assertion of Small Entity Status**

Applicant hereby asserts status as a small entity under 37 C.F.R. § 1.27.

Filing Fee Calculation (50% of above Filing Fee Calculation) \$385.00

**9. Fee Payment Being Made at This Time**

Enclosed

Filing Fee  
\$385.00

**Total Fees Enclosed** \$385.00

**10. Method of Payment of Fees**

Attached is a check in the amount of \$385.00.  
A duplicate of this paper is attached.

**11. Instructions as to Overpayment**

Credit Account No. 19-0737.



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